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A Public Document

FEB 19 2010

CG Please type or print in ink.

JOE BAIL GONZALEZ COUNTY CLERK

NAME (LAST)	(FIRST)	(MIDDLE)	BY
MONACO	REB	L	
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE ZIP CODE
			OPTIONAL E-MAIL ADDRESS

### 1. Office, Agency, or Court

Name of Office, Agency, or Court:

COUNTY OF SAN BENITO

Division, Board, District, if applicable:

BOARD OF SUPERVISORS

Your Position:

SUPERVISOR, DISTRICT 4

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency:

Position:

### 2. Jurisdiction of Office (Check at least one box)

☐ State

☒ County of SAN BENITO

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

### 3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date \_\_\_\_\_

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is \_\_\_\_\_, through December 31, 2009.

☐ Leaving Office Date Left: \_\_\_\_\_ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is \_\_\_\_\_, through the date of leaving office

☐ Candidate Election Year: \_\_\_\_\_

### 4. Schedule Summary

► Total number of pages including this cover page: 3

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached  
Investments (less than 10% Ownership)

Schedule A-2 ☒ Yes - schedule attached  
Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached  
Real Property

Schedule C ☐ Yes - schedule attached  
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes - schedule attached  
Income - Gifts

Schedule E ☒ Yes - schedule attached  
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

### 5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

2/18/10

Signature

(File the originally signed statement with your filing official)

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name  REB MONACO

**▶ 1. BUSINESS ENTITY OR TRUST**

Reb Monaco, DBA: Monaco's Organic Walnuts

Name

6991 Southside Rd., Hollister, CA 95023

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2    ☒ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

Farming

**FAIR MARKET VALUE**

IF APPLICABLE, LIST DATE:

- ☒ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

\_\_\_\_/\_\_\_\_/09    \_\_\_\_/\_\_\_\_/09  
ACQUIRED    DISPOSED

**NATURE OF INVESTMENT**

☒ Sole Proprietorship    ☐ Partnership    ☐ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- ☐ \$0 - \$499    ☐ \$10,001 - \$100,000  
☐ \$500 - \$1,000    ☐ OVER \$100,000  
☒ \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)**

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT    ☒ REAL PROPERTY

Monaco's Organic Walnuts

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

6991 Southside Rd., Hollister, CA 95023

Description of Business Activity or

City or Other Precise Location of Real Property

**FAIR MARKET VALUE**

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

\_\_\_\_/\_\_\_\_/09    \_\_\_\_/\_\_\_\_/09  
ACQUIRED    DISPOSED

**NATURE OF INTEREST**

☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold \_\_\_\_\_  
Yes, remaining

☐ Check box if additional schedules reporting investments or real property are attached

**▶ 1. BUSINESS ENTITY OR TRUST**

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2    ☐ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

**FAIR MARKET VALUE**

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

\_\_\_\_/\_\_\_\_/09    \_\_\_\_/\_\_\_\_/09  
ACQUIRED    DISPOSED

**NATURE OF INVESTMENT**

☐ Sole Proprietorship    ☐ Partnership    ☐ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- ☐ \$0 - \$499    ☐ \$10,001 - \$100,000  
☐ \$500 - \$1,000    ☐ OVER \$100,000  
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☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

\_\_\_\_/\_\_\_\_/09    \_\_\_\_/\_\_\_\_/09  
ACQUIRED    DISPOSED

**NATURE OF INTEREST**

☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold \_\_\_\_\_  
Yes, remaining

☐ Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> <b>FAIR POLITICAL PRACTICES COMMISSION</b>
Name <b>REB MONACO</b>

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

<p>▶ NAME OF SOURCE <b>CSAC</b></p> <p>ADDRESS (Business Address Acceptable) <b>1100 K Street, Suite 101</b></p> <p>CITY AND STATE <b>Sacramento, CA 95814</b></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <b>San Benito Co. representative to CSAC</b></p> <p>DATE(S): <b>11 / 16 / 09</b> - <b>11 / 19 / 09</b> AMT \$ <b>187.50</b> <i>(if applicable)</i></p> <p>TYPE OF PAYMENT (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <b>Business related meeting - attended by spouse. Meals.</b></p>	<p>▶ NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <i>(if applicable)</i></p> <p>TYPE OF PAYMENT (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION:</p>
<p>▶ NAME OF SOURCE <b>CSAC</b></p> <p>ADDRESS (Business Address Acceptable) <b>1100 K Street, Suite 101</b></p> <p>CITY AND STATE <b>Sacramento, CA 95814</b></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <b>San Benito Co. representative to CSAC</b></p> <p>DATE(S): <b>11 / 16 / 09</b> - <b>11 / 19 / 09</b> AMT \$ <b>187.50</b> <i>(if applicable)</i></p> <p>TYPE OF PAYMENT (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income</p> <p>DESCRIPTION: <b>Business related meeting - Meals.</b></p>	<p>▶ NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <i>(if applicable)</i></p> <p>TYPE OF PAYMENT (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION:</p>

Comments: \_\_\_\_\_